

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Charles H Kable et al. served on U.S. Attorney General
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 950 Pennsylvania Ave NW,
 Washington DC, 20530-0001

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Office of the
Attorney General
U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington, D.C. 20530-0001*

2. Article Number
(Transfer from service label)

7017 0190 0000 2552 8665

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Edu. Lane

☐ Agent
☐ Addressee

B. Received by (Printed Name)

FFF

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To Office of AG Dallas

Street and Apt. No., or PO Box No.
950 Pennsylvania Ave NW

City, State, ZIP+4®
Washington DC 20530-0001

Postmark
Here



7017 0190 0000 2552 8665

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Charles H Kable
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 935 Pennsylvania Ave NW,
 Washington DC 20535

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE Ave, Washington DC, 20003

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here ✓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ 11.44	
Sent To Charles H. Kable, IV Miller	
Street and Apt. No., or PO Box No. 935 Pennsylvania Ave NW	
City, State, ZIP+4® Washington DC 20535	

USPS Tracking[®]

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70170190000025528658

Remove X

Expected Delivery on

MONDAY

12 FEBRUARY
2018 ⓘ

by
8:00pm ⓘ

 **Delivered**

February 12, 2018 at 4:26 am
Delivered
WASHINGTON, DC 20535

Get Updates ∨

Text & Email Updates



Tracking History



Product Information



See Less ^

Can't find what you're looking for?

How can I help you?

Go to our FAQs section to find answers to your tracking questions.

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Christopher Wray
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 935 Pennsylvania Ave NW,
 Washington DC, 20535-0001

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC, 20003

Server's address

Additional information regarding attempted service, etc:

Print


Save As...

Reset

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Christopher Wray
Director of the FBI
935 Pennsylvania Ave, NW
Washington DC 20535-0001
2. Article Number
(Transfer from service label)
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☒ Yes

COMPLETE THIS SECTION ON DELIVERY

5. Signature

☐ Agent
☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
 John Turner/Asst 2-12-1
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

2. Article Number
(Transfer from service label)

7017 0190 0000 2552 8634

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here ✓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 11.44	
Total Postage and Fees \$ 11.44	
Sent To Christopher Wray Dallas	
Street and Apt. No. or PO Box No. 935 Penn Ave NW	
City State ZIP+4® Washington DC 20535-0021	

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* David P. Pekoske
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 601 12th St. S, Arlington VA,
 20598

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC, 20003

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here ✓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ 11.44	
Sent To David P. Petroske DMLNS	
Street and Apt. No., or PO Box No. 601 12th St. S	
City, State, ZIP+4® Arlington, VA 20540	



FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70170190000025528641

Remove X

Your item has been delivered to the mail room at 6:13 am on February 12, 2018 in DHS, VA 20598.

Delivered

February 12, 2018 at 6:13 am
Delivered, To Mail Room
DHS, VA 20598

Get Updates ▼

Text & Email Updates



Tracking History



Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)
How can I help you?

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Deborah Moore
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 601 12th St. S, Arlington VA,
 20598

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC, 20003

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

7017 0190 0000 2552 8612

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here ✓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ 11.44	
Sent To Deborah Moore Dallas	
Street and Apt. No., or PO Box No. 601 12th St. S	
City, State, ZIP+4® Arlington VA 22204	



[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

Track Another Package +

Tracking Number: 70170190000025528672

Remove X

Your item has been delivered to the mail room at 6:13 am on February 12, 2018 in DHS, VA 20598.

Delivered

February 12, 2018 at 6:13 am
Delivered, To Mail Room
DHS, VA 20598

Get Updates 

Text & Email Updates



Tracking History



Product Information



See Less 

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

How can I help you?

Civil Action No. 3:18-cv-00110-L

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Charles H Kable et al. served on U.S. Attorney
 was received by me on *(date)* 02/12/2018 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 1100 Commerce Street, Third Floor, Dallas TX, 75242

My fees are \$ 11.44 for travel and \$ _____ for services, for a total of \$ 11.44 .

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC, 20003

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *United States*
Attorney
1100 Commerce Street,
Third Floor
Dallas, Texas 75242-1699

2. Article Number
(Transfer from service label)

7017 0190 0000 2552 8610

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

A. Nowlin

C. Date of Delivery

02/12/18☒ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7017 0190 0000 2552 8600

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	Postmark Here
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
\$	
Total Postage and Fees	
\$ 11.44	
Sent To	US Attorney Dallas
Street and Apt. No., or PO Box No.	1100 Commerce Street Fld 11
City, State, ZIP+4®	Dallas Texas 75442